

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1350862

☐ Termination – See Part 5

List I.D. number:

Date qualified as committee

9 / 5 / 12
Date qualified as committee
(if applicable)

Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
2012 SEP 11 AM 9:23	
OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	

1. Committee Information

NAME OF COMMITTEE

TAXPAYERS FOR MEASURE EE

STREET ADDRESS (NO P.O. BOX)

19900 MACARTHUR BLVD SUITE 1050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949-798-0734

MAILING ADDRESS (IF DIFFERENT)

1970 PORT PROVENCE, NEWPORT BEACH, CA 92660

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

RAYMOND J. ZARTLER

STREET ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949.759.9341

NAME OF ASSISTANT TREASURER, IF ANY

PATRICIA ZARTLER

STREET ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949.759.9341

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

DENNIS O'NEIL

MAILING ADDRESS

19900 MACARTHUR BLVD. SUITE 1050.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH,	CA	92660	949.759.9341

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-7-12
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Raymond J. Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT